IN THE UNITED STATES PATENT AND TRADEMARK OFFICE		1
In re Patent Application of PE Atty Dkt. 1579-880	IRA	ال
C# M#  HAYNES et al  Serial No. 10/753,339 05 Examiner:		
Filed: January 9, 200	•	
Title: HUMAN IMMUNODEFICIENCY VIRUS VACCINE	•	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
Sir:		
INFORMATION DISCLOSURE STATEMENT  This is a response/amendment/letter in the above-identified application and includes an attachment which is incorporated by reference and the signature below serves as the signature to the attachment in the absence signature thereon.		other
☐ Correspondence Address Indication Form Attached.		
Fees are attached as calculated below:  Total effective claims after amendment 0 minus highest number previously paid for 20 (at least 20) = 0 x \$ 18.00	\$	0.00
Independent claims after amendment 0 minus highest number previously paid for 3 (at least 3) = 0 x \$86.00	\$	0.00
If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)	\$	0.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)	\$	0.00
Terminal disclaimer enclosed, add \$ 110.00	\$	0.00
☐ First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$770.00) ☐ Please enter the previously unentered , filed ☐ Submission attached	\$	0.00
Subtotal	\$	0.00
If "small entity," then enter half (1/2) of subtotal and subtract  Applicant claims "small entity" status.  Statement filed herewith	-\$	0.00
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$	0.00
Assignment Recording Fee (\$40.00)	\$	0.00
Other:		0.00
TOTAL FEE ENCLOSED	\$	0.00
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) file asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this applicate firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.	ed, or otion by	this

1100 North Glebe Road, 8<sup>th</sup> Floor Arlington, Virginia 22201-4714 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 MJW:tat

NIXON & VANDERHYE P.C.

By Atty: Mary J. Wilson, Reg. No. 32,955

Signature:

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

HAYNES et al

10/753,339

Filed:

Serial No.

January 9, 2004

Examiner:

Group:

Atty. Ref.:

HUMAN IMMUNODEFICIENCY VIRUS VACCINE For:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 October 27, 2004

Confirmation No. 7106

1579-880

Sir:

## INFORMATION DISCLOSURE STATEMENT

X 1. PTO-1449 Pursuant to 37 CFR 1.97(b) [within 3 months of filing or prior to 1st Office Action on the merits] N/C

- 2.(a) Statement Pursuant to 37 CFR 1.97(c) [before Final Office Action or Allowance (requires Rule 97(e) Statement or Rule 17(p) fee)] N/C
- 2 .(b) Fee Payment Pursuant to 37 CFR 1.97(c) [before Final Office Action or Allowance (requires Rule 97(e) Statement or Rule 17(p) fee)] \$180.00
- 3. Pursuant to 37 CFR 1.97(d) [after Final Office Action or Allowance (requires Rule 97(e) Statement and Rule 17(p) fee), but before final fee payment] \$180.00

The following are submitted in the above-identified application in compliance with 37 C.F.R. §§ 1.97 and 1.98:

 $\boxtimes$ 4. A list of documents on Form PTO-1449 together with copies of each identified document and a translation or a concise explanation of each non-English language document (such as a Search Report) is enclosed herewith.

HAYNES et al Serial No. 10/753,339 October 27, 2004

This paper is submitted in accordance with:

 $\boxtimes$ 5. 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]  $\Box$ 6. 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and a) The required Statement made in item 8 below; or b) The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 9 below. 7. 37 CFR §1.97(d): [after Final Office Action or Allowance (requires Rule 97(e) Statement and Rule 17(p) fee), but before final fee payment]; and a) The fee (\$180.00) required by 37 CFR §1.17(p) is submitted herewith; and b) The required Statement is stated in item 8 below. 8. Statement under 37 CFR 1.97(e) П a) The undersigned attorney of record hereby certifies under 37 C.F.R. §1.97(e) that each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement (each item contained in this IDS was the first citation of that item by a foreign patent office in a counterpart foreign application which occurred no more than three months prior to the filing of this IDS); or b) No item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing this Statement, after making reasonable inquiry, no item of information contained in this Statement was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this Information Disclosure Statement. X 9. Please charge all deficiency fees associated with the submission of this Information Disclosure Statement and any other fees applicable to this application to Deposit Account No. 14-1140. An original and one (1) copy of this document are enclosed.

HAYNES et al Serial No. 10/753,339 October 27, 2004

Respectfully submitted,

NIXON & VANDERHYE P.C.

Ву:

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*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS		DATE OPRIATE			
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*Examiner	if reference considered whether a	r not citation is !-	Date Considered	h citation if not in ac-fa	monoo and net	oonsidesed	Indudo			
	if reference considered, whether o with next communication to applica		o conformance with MPEP 609; Draw line through	in citation it not in confo	imance and not	considered.	include			

Form PTO-FB-A820 (Also PTO-1449)